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Page 1 of 1

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33072 7590 03/28/2007

KAGAN BINDER, PLLC  
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 221 MAIN STREET NORTH  
 STILLWATER, MN 55082



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Debbie Skatter (Depositor's name)  
 Debbie Skatter (Signature)  
 June 11, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/797,470

03/10/2004

Randy L. Morningstar

AMS0011/US

3313

TITLE OF INVENTION: IMPLANTABLE PENILE PROSTHESIS PUMP

06/12/2007 HGBREH2 00000100 501921 10797470

01 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

06/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LACYK, JOHN P

3735

600-040000

06/12/2007 HGBREH2 00000099 501921 10797470

01 FC:1501 1400.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the name of up to 2 registered patent attorneys or agents. If a name is listed, no name will be printed.

1 Jose' W. Jimenez

2 Kimberly K. Baxter

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AMS Research Corporation

Minnetonka, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature

Kimberly K. Baxter

Date June 11, 2007

Typed or printed name

Registration No 40,504

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